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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Registration Section Division of Corporations

TO:

Division of Corporations	/	
SUBJECT: Opt Convert Manage	ement LLC ted Liability Company	
The enclosed "Application by Foreign Limited Liability Company Existence, and check are submitted to register the above referenced		
Please return all correspondence concerning this matter to the follo	owing:	
Al VANLEEUWEN		
Name	of Person	
OPT CONNECT /	MANAGEMENT LLC	
Firm/C	Company	
498 NORTH KAY	15 DRIVE #110	
Kaysville U	TAH 84037 and Zip Code	
accounting @ ofte E-mail address of to be used for	DUNET, COM future annual report notification)	201
For further information concerning this matter, please call:		9 / 5
Al VANLEEUWEN at	(801) 991-1420 Area Code Daytime Telephone Number	30 [
Name of Contact Person	Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	 .л
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	NT OF STATE \$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy of Status & Certification Control of Certification Certification Control of Certification Control of Certification Certificat	
Connear of Status	Certified Copy or Status & Certifi	пса сору

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign I	SINESS IN THE STATE OF FLORIDA: UNECT MANAGEME Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.	
UTAH	me adopted for the purpose of transacting business in Flo ich foreign limited liability company is organized)	orida. The alternate name must include "Limited L. 3. $35 - 24324$ (FEI mu	
. Augus	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine the sections 605.0904 (See Sections 605.0904).	registration.) ine penalty liability)	
498 Noe (Street Address of Pa	TH Kays Deive \$110	6. 498 North	1 Kays DRIVE #410 UTHH 34037
Kaysville	UTAH 84037	Kaysville	UTHH 34037
. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	2019
Name:	Becca Banks		ACPR F12 AUG 30
Office Address:	5306 Sadlew		
	Parrish (City)	, Florida <u>342</u>	
lesignated in this applicat o comply with the provision	ance: gistered agent and to accept service of ion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent.	is registered agent and agree to ac	ct in this capacity. I further agree

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Al VanLeeuwer Manager | Manager | Address: 498 NORTH KAUSJE \$110 Member Member Authorized Authorized Person Person Other____ Other Other___ Other____ Manager Manager Member Member Address: **X** Authorized Authorized Person Person Other___ Other _ Other____ Other____ Manager Name: Manager | Member Member Address: Address: Authorized Authorized Person Person Other____ Other____ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ANheeuwer



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

08/29/2019 8191629-016008292019-74706

CERTIFICATE OF EXISTENCE

Registration Number:

8191629-0160

Business Name:

OPTCONNECT MANAGEMENT, LLC

Registered Date:

December 30, 2011

Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Em Stupe

Jason Sterzer Director

Division of Corporations and Commercial Code